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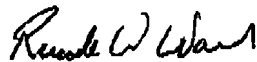
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450CERTIFICATE OF FACSIMILE TRANSMISSION
REQUEST FOR CHANGE OF CORRESPONDENCE ADDRESS

I hereby certify that Form PTO/SB/122 is being faxed herewith to: Commissioner for Patents,
P.O. Box 1450, Alexandria, VA 22313-1450 at (571) 273-8300 on the date shown below.

Undersigned counsel has received the Filing Receipt for the above-identified application.
However, the Customer Number was not associated with this application and, as such, is not
viewable in Private Pair as being associated with Customer No. 00046726.

It is respectfully requested that the Patent Office Records be changed to correct this omission.

Respectfully submitted,

_____
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Total number of faxed pages is 2, including Request for Change of Correspondence Address and cover sheet.